



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5774

|   |   |                                  |   |  |
|---|---|----------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/530,520  | <b>FILING OR 371(c) DATE</b><br>10/26/2005<br><b>RULE</b>   | <b>CLASS</b><br>324              | <b>GROUP ART UNIT</b><br>2862   | <b>ATTORNEY DOCKET NO.</b><br>05788.0345-00000 |
| <b>APPLICANTS</b><br>Fabrizio Donazzi, Milano, ITALY;<br>Enrico Donazzi, Milano, ITALY;<br>Paolo Maioli, Crema, ITALY;<br>Sergio Spreafico, Erba, ITALY;  |   |                                  |   |  |
| <b>** CONTINUING DATA *****</b> <i>UPD</i> <i>WHH/ST</i><br>This application is a 371 of PCT/EP02/11302 10/09/2002  |   |                                  |   |  |
| <b>** FOREIGN APPLICATIONS *****</b> <i>NONE</i> <i>WHH/ST</i>  |   |                                  |   |  |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and <i>Allowance</i><br>Acknowledged <i>WHH/ST</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>ITALY | <b>SHEETS DRAWING</b><br>6  | <b>TOTAL CLAIMS</b><br>27                      |
| <b>INDEPENDENT CLAIMS</b><br>2  |   |                                  |   |  |
| <b>ADDRESS</b><br>22852   |   |                                  |   |  |
| <b>TITLE</b><br>Method of screening the magnetic field generated by an electrical power transmission line and electrical power transmission line so screened  |   |                                  |   |  |
| <b>FILING FEE RECEIVED</b><br>1380  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |